

**NC DHHS – NC DMH/DD/SAS  
Intensive In Home Services (IIH)  
Endorsement Check Sheet Instructions**

**Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

**Provider Requirements**

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

**a. Until January 1, 2011**

- 1) Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- 2) Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- 3) Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

#### **After January 1, 2011**

- b. Review documents that evidence that the Department of Health and Human Services has certified a minimum of one of the provider's sites as a Critical Access Behavioral Health Agency.
- c. Review documents for evidence that the provider incorporates Motivational Interviewing and one or more treatment therapy, practice or model as designated in the service definition. The therapy(-ies), practice(s) or model(s) chosen must be clinically indicated for the population (age and disability) that the provider agency will serve with CST.

For the 60 day review, include a review of service records for evidence that the therapy(-ies), practice(s), or model(s) included in policies and procedures, as well as the program description, are being utilized to provide the service.

#### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition does not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical review. The credentials and qualifications of any additional or ancillary staff hired in the time between the clinical interview and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering IIH services and completed within the specified time frames.

**a - d.** The staff hired must include:

- a.** One FTE Team Leader (filled by no more than two individuals) - licensed or provisionally licensed in the state of NC

For the desk review, review policy and procedure manuals and program descriptions to ascertain that they specify that an individual hired as the Team Leader is required to have the skill, knowledge and experience with the population to be served and to provide the various interventions required by the position to include coordinating initial and ongoing assessment activities, developing the PCP, performing ongoing monitoring of PCP implementation and to revising the PCP as needed. Review the provider agency's policy to ensure that when this position is filled by a provisionally licensed individual, it is clear that the expectation of the provider agency is that the individual will become fully licensed within 30 months.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that the individual hired as the Licensed Professional has the skill, knowledge and experience with the population to be served by the IIH, as well as those required to provide the various interventions required by the position to include coordinating initial and ongoing assessment activities, developing the PCP, performing ongoing monitoring of PCP implementation and to revising the PCP as needed. When reviewing the supervision and training below, review for evidence that an individual who is provisionally licensed has a plan to obtain full licensure within the required time frame.

- b.** One FTE Qualified Professional (filled by no more than two individuals)

For the desk review, review policy and procedure manuals and program descriptions to verify that they specify that an individual hired as a Qualified Professional to provide IIH services is required to have the skill, knowledge and experience to provide interventions with the population to be served, as well as to coordinate initial and ongoing assessment activities, to develop the PCP, to perform ongoing monitoring of PCP implementation and to revise the PCP as needed.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that individual hired as the Qualified Professional has the skill, knowledge and experience to provide interventions with the population to be served, as well as to coordinate initial and ongoing assessment activities, to develop the PCP, to perform ongoing monitoring of PCP implementation and to revise the PCP as needed.

- c. One FTE who is a Qualified Professional or Associate Professional (filled by no more than two individuals)

Qualified Professional - review as above (b.)

Associate Professional - For the desk review, review policy and procedure manuals and program descriptions to confirm that they specify that an individual hired as an Associate Professional to provide IHH services is required to have the skill, knowledge and experience with the population to be served to provide the various interventions required by the position. The Licensed Professional or Provisionally Licensed Team Leader supervises the Associate Professionals according to the service definition.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that individual hired as the Associate Professional has the skill, knowledge and experience with the population to be served to provide the various interventions required by the position.

- d. Review to ensure that for teams focused on substance abuse interventions, the policies and procedures include at least one Certified Clinical Supervisor (CCS), Licensed or Provisionally Licensed Clinical Addiction Specialist (LCAS), or Certified Substance Abuse Counselor (CSAC) as a member of the team.

For the desk review, review policy and procedure manuals and program descriptions to confirm that they specify that an individual is required to have the skill, knowledge and experience with the population to be served to provide the various interventions required by the position.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that individual hired has the skill, knowledge and experience with the population to be served to provide the various interventions required by the position.

- e. Review policy and procedure manuals and program descriptions to verify that they specify that staffing ratios and coverage are adequate for the needs of the individuals served per the service definition requirements. Staffing at a minimum must be:
  - A maximum of 8 families served by one IHH team
  - The IHH caseload may be lower based on the acuity of the individuals served
  - Review program description for evidence that the service is to be delivered through a team approach

Note: IHH services are provided through a team approach; however, discrete interventions may be delivered by any one or more team members as clinically indicated. Not all team members are required to provide direct intervention to each child on the caseload. The Team Leader must provide direct clinical interventions with each child. The team approach involves structured, face-to-face, scheduled therapeutic interventions to provide support and guidance across multiple functional domains.

- f. Review policy and procedure manuals, and personnel manuals to confirm that they contain language that demonstrates the expectations that the IHH provider agency ensures the supervision of QP and AP staff is

- based on their level of education, skill and experience
- consistent with position requirements and responsibilities in 10A NCAC 27G .0203 and 10A NCAC 27G .0204
- consistent with service definition, certification, and/or licensure requirements of the appropriate discipline.

Review of job descriptions for language demonstrating supervision expectations.

### **Staff Training**

In this section, the reviewer is primarily concerned with the training practices of the provider and ensuring that all IHH employees receive the training required by the service definition and are equipped with the evidentiary documentation of all training received. This is important for the clinical integrity of the service.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals (such as the agencies training plan) meet the requirements of the service definition. Review for evidence that the time frames that are required within the service definition are congruent with the provider agency's training guidelines. Review job descriptions to determine that the training requirements are included. This review ensures that the provider has an understanding of the service definition training requirements and has established policies for a program that meet those requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical review.

For the 60 day review, include a review of the personnel files for evidence that staff are receiving training congruent with their position/qualifications and the scope of work in their job descriptions. This review should include a review of supervision plans, notes and documentation of training for all staff. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering IHH services and completed within the specified time frames. The endorsing agency may review consumer records for evidence that staff are not providing interventions for which they have not yet been trained.

- a. **Prior to January 1, 2011**, review that the required training has been received by all staff members providing IHH services within 30 days of their hire to provide those services. Review for evidence that the training is applicable to the population served by the IHH Team. Review employee training, supervision plans, or other documentation demonstrating that training has been scheduled and/or received according to the service definition and that it is consistent with the role of the level of the staff providing IHH services.

Review for evidence of the following:

- 12 hours IHH service definition
  - 6 hours Person Centered Thinking
  - 2 - 5 hours other related topics ( highly recommended)
- In addition, IHH Team Leader & QPS responsible for PCP
- 3 hours PCP Instructional Elements

- b. After January 1, 2011,** review for language that demonstrates that the IIH Team Leader is required to have or has the training required in the service definition within the required time frames.
- 1) Within 30 days of hire:
    - 3 hours IIH service definition
    - 3 hours crisis response
    - 3 hours PCP Instructional Elements
  - 2) Within 90 days of hire (by 3/31/2011 for existing providers)
    - 13 hours introductory Motivational Interviewing
    - 12 hours Person Centered Thinking
    - 11 hours Introduction to SOC
  - 3) Within 90 days of hire (by 6/30/2011 for existing providers)
    - Minimum 24 hours specific to modality selected for service delivery
    - All supervisory training required by modality selected for service delivery (minimum of 12 hours)
  - 4) Annually
    - Follow up or ongoing training required by modality selected for service delivery (minimum of 10 hours)
- c. After January 1, 2011,** review for language that demonstrates that the IIH Team staff members are required to have or have the training required in the service definition within the required time frames.
- 1) Within 30 days of hire:
    - 3 hours CST service definition
    - 3 hours crisis response
    - In addition, for QPs responsible for PCP, 3 hours PCP Instructional Elements
  - 2) Within 90 days of hire (by 6/30/2011 for existing providers)
    - 13 hours introductory Motivational Interviewing
    - 12 hours Person Centered Thinking
    - 11 hours Introduction to SOC
    - Minimum 24 hours specific to modality selected for service delivery
  - 3) Annually
    - Follow up or ongoing training required by modality selected for service delivery (minimum of 10 hours)
- d.** Review for evidence that the provider agency requires that all staff have all clinical supervision, training and continuing education required by the therapy(-ies), practice(s) or model(s). **NOTE:** If there are no specific requirements for the therapy(-ies), practice(s) or model(s) chosen, the staff must have a minimum of 10 hours annually in a practice designated in the service definition.

### **Service Type/Setting**

The elements in this section pertain to the provider's understanding of IIH services and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that IIH is being provided to consumers who meet the eligibility requirements, that interventions occur in the community and that first responder duties are a part of the IIH's responsibility.

- a. Review for language demonstrating that:
  - IIH includes direct and indirect (on behalf of the consumer) interventions
  - IIH is delivered in a variety of locations
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- b. Review documentation that demonstrates that the IIH is the first responder and is responsible for the implementation of the crisis plan
- c. Review for language that the IIH Team collaborates with the family in the planning and delivery of services. Review also for evidence of collaboration with other agencies and service providers who are involved with the consumer.

### **Program Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition, therapy(-ies), practice(s) or model(s) consistent with best practice. The therapy(-ies), practice(s) or model(s) selected by the provider agency must be clinically indicated for the population served and be able to meet consumers' individual needs as identified in the PCP.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding service definition, therapy(-ies), practice(s) or model(s) consistent with best practice.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the service and of the therapy(-ies), practice(s) or model(s) selected for use. Review documentation to determine clinical integrity, coordination other services and supports in delivery of services and documented interventions that indicate adherence to the therapy(-ies), practice(s) or model(s) selected for use.

- a. Program description and policies and procedures clearly name the identified therapy(-ies), practice(s) or model(s) chosen for service delivery. Service delivery is implemented in a manner that is consistent with the identified best practice model. The staff responsibilities, schedule and ratio indicate fidelity to the therapy(-ies), practice(s) or model(s) chosen as well as to the

requirements of the service definition. Review for evidence that the service is delivered through a team approach and not solely through individual (1:1) interventions.

Note: IIH services are provided through a team approach; however, discrete interventions may be delivered by any one or more team members as clinically indicated. Not all team members are required to provide direct intervention to each child on the caseload. The Team Leader must provide direct clinical interventions with each child. The team approach involves structured, face-to-face, scheduled therapeutic interventions to provide support and guidance across multiple functional domains.

For the on site review, confirm findings of the desk review.

After 60 days, review consumer records and other items necessary to determine that IIH has been delivered through a team approach using the therapy(-ies), practice(s) or model(s) chosen for service delivery. Review for protocol that outlines a process for establishing and maintaining collaborative relationships with other persons, agencies and service providers in the consumer's life. Service notes should display evidence of progress and positive outcomes for the recipients of the service outlined in the service definition and in accordance with the expected outcomes.

- b.** Program description and policies and procedures clearly indicate that a minimum of 12 contacts occur during the first month of services. Throughout the subsequent two months (months two and three of the service), IIH services are provided at least six (6) times a month. Review for language demonstrating that the frequency and intensity of the IIH interventions will be based on the changing needs of individuals, families, and caregivers.

For the on site review, confirm findings of the desk review.

After 60 days, review consumer records and other items necessary to determine that during a recipient's first month of service, there were a minimum of twelve (12) contacts and that in subsequent two months (months two and three of the service), IIH services are provided at least six (6) times a month. Review service notes for evidence that the frequency and intensity of the IIH interventions were based on the changing needs of individuals, families, and caregivers.

- c.** Review policies and procedures and program description for evidence that services are to be delivered primarily face-to-face and at locations outside the agency's facility. Review for documentation that the provider agency has a method for tracking the quality assurance benchmarks. Aggregate figures for the provider site must show that:
  - 60% of the services are delivered face-to-face, AND
  - 60% of the IIH staff time is spent working outside the agency's facility

For the on site review, confirm findings of the desk review and the clinical interview.

After 60 days, review consumer records and other items necessary to determine that IIH has been delivered primarily face-to-face in the community. Review for protocol that outlines meeting the changing needs of consumers. Review records for documentation of attempts to engage and locate individuals who are challenging to engage in treatment.



- d. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services.

### **Documentation Requirements**

- a – b. All contacts for IIH must be documented. A full service note for each contact or intervention (such as individual counseling, case management, crisis response), for each date of service, written and signed by the person(s) who provided the service is the minimum requirement. Documentation must meet all record and documentation requirements in the *DMH/DD/SA Records Management and Documentation Manual [APSM 45-2]*. Review the provider agency's policy and procedure manuals for language demonstrating the expectation that each full service note per date of service includes all items identified in the service definition.

Review policy and procedure manuals for language that demonstrates that all contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.